



CERTIFICATE OF LIABILITY INSURANCE

AMTO

DATE (MM/DD/YYYY)

4/09/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Maury, Donnelly & Parr, Inc. Commerce & Water Streets Baltimore, MD 21202	CONTACT NAME: (410) 606-1020		
	PHONE (AC, NO, Ext):	FAX (AC, NO):	
	EMAIL ADDRESS:		
INSURED SPACES 916 Hammond Ave, Studio 202 Superior, WI 54880	INSURERS AFFORDING COVERAGE		NAIC #
	INSURER A: Hartford Insurance Companies		
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF DATE (MM/DD/YYYY)	POLICY EXP DATE (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	X	4008M8R2008	07/01/2012	07/01/2015	EACH OCCURRENCE	\$	1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
						MED EXP (Any one person)	\$	10,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
	AUTOMOBILE LIABILITY ANY AUTO					GENERAL AGGREGATE	\$	2,000,000	
						PRODUCTS - COMP/OP AGG	\$	2,000,000	
						COMBINED SINGLE LIMIT (Ea accident)	\$		
						BODILY INJURY (Per person)	\$		
	UMBRELLA LAB EXCESS LAB DED					BODILY INJURY (Per person)	\$		
						BODILY INJURY (Per accident)	\$		
						PROPERTY DAMAGE (Per accident)	\$		
						EACH OCCURRENCE	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					AGGREGATE	\$		
						WC STATUTORY LIMITS		OTH-ER	
						E. L. EACH ACCIDENT	\$		
						E. L. DISEASE - EA EMPLOYEE	\$		
						E. L. DISEASE - POLICY LIMIT	\$		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is additional insured with respect to general liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

END
1401 Tower Ave
Superior, WI 54880

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05)

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